Name in Full Martha Allen

Certificate of Death

Died at Town Upper Marlboro County P Geo Co. MARYLAND

Date 1898 Month 10 Day

Age Y. 13 M. D.

Native of Maryland

Occupation School girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Henson Allen

Mother's Name Amay Allen

Cause of Death: Primary Diphtheria. 8 d

Immediate

How long sick 8 days

Accident, Suicide, Homicide

Reported by Reverdy Sasser M.D.

Address Upper Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full | Certificate of Death

William C. Arnold

Died at (Town) near Halls (County) Prince Georges MARYLAND

Date 1898 - Month 28 Day Oct | Age Y. 37 M. D. | Native of Md. | Occupation Farmer

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name Edward Arnold

Mother's Name Margaret A. Arnold

Cause of Death: Primary Injury to Spinal Cord

Immediate Paralysis

152 a

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Jno. W. Duvall M.D.

Address Halls Prince Georges Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full — Certificate of Death

Marguerite Bernadine Beall

Died at — Town: Bowie — County: Prince George — MARYLAND

Date 1898 — Month: ~~October~~ — Day: 27 — Age: ~~Y~~ M. 6 D. 28 — Native of: Bowie — ~~Occupation~~

~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — Widower — ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Thomas Beall

Mother's Name: Mary A. Beall

Cause of Death — Primary: Inflammation of Stomach — How long sick: 21 days

~~Immediate~~

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Nelson A Ryon 81 M D

Address: Bowie Prince George Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Julia Bowles

Certificate of Death

Died at Town: Near Oxen Hill County: Pr. Geo. Co. MARYLAND

Date 1898 Month: 10th Day: 6th | Age Y. 13 M. about D. | Native of Maryland | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name Bastard Child | Mother's Name parents both dead

Cause of Death: Primary — Enteric Fever | How long sick 3 weeks

Immediate — Hemorrhage from bowel | Accident, Suicide, Homicide

Reported by

Address

Dr. F. Simpson M. D.
OXEN HILL,
Pr. Geo. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Estella Brown

Certificate of Death

Died at near Town Landover County Pr. George's MARYLAND

Date 189 F Month 10 Day 6 | Age Y. 11 M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | Married | Single | Widow | Widower | Divorced | Number of children living

Husband of Wife

Father's Name Peter Brown

Mother's Name 145 d

Cause of Death { Primary Killed by train | Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Balto. American

Address 10-7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Annie Butler

Certificate of Death

Town Aquasco County Prince Geo MARYLAND

Died at:

Month	Day	Y.	M.	D.	Native of	Occupation
Oct	9th	7			Aquasco	

Date 189 8 Age

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of 146, a

Wife

Father's Name Edward Butler Mother's Name Grace Butler

Cause of Death: Primary Extension - Superficial Burn. How long sick 13 days

Immediate Sudden, was walking about apparently recovering

Accident ~~Suicide, Homicide~~

Reported by 1467 Wm. T. Marbury

Address Aquasco Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Edward Butler

Certificate of Death

Died at Town Town County Prince George's MARYLAND

Date 189[illegible] Month Oct. Day 7 Age Y. 3 M. - D. 7 Native of Maryland Occupation

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name James Butler

Mother's Name Jane Butler.

Cause of Death: Primary

Immediate Congestion of brain

How long sick 24 hours.

Accident, Suicide, Homicide

Reported by E. K. Hurst, M. D.

Address Piscataway Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full — Certificate of Death

Washington Crawford

Died at Town: Forestville — County: Prince Geo — MARYLAND

Date 189 — Month: Oct — Day: 24 — Age: Y. 65 M. D. — Native of: Md — Occupation: Farmer

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of children living 2

Husband / Wife of Emily Crawford

Father's Name —— Mother's Name ——

Cause of Death — Primary: Paralysis 44 — How long sick 24 hrs

Immediate: ——

~~Accident, Suicide, Homicide~~

Reported by John E Lanham M.D.

Address Forestville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 69968

Name in Full Mrs Christina Fischer

Certificate of Death

Died at Town Branchville County Prince Geo Co MARYLAND

Date 1891 Month Oct Day 20 Age Y. 68 M. 11 D. Native of Germany Occupation Housefir

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living six

~~Husband~~ Wife of Jacob Fischer

Father's Name Philip Schöpp Mother's Name Catharine Schöpp

Cause of Death Primary Paralysis How long sick Two Years Since first

Immediate Dysentery Accident, Suicide, Homicide attack

Reported by C A Fox 44

Address Beltsville Prince George Co Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5962

Name in Full: Bertie J. Fluhart.

Certificate of Death

Died at: Town: Laurel County: Pr Geo MARYLAND

Date 1898 Month 10. Day 12 Age Y. 18. M. 11. D. 5 Native of Md Occupation School Girls

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name: J. C. Fluhart

Mother's Name: Mary Fluhart.

Cause of Death: Primary: Vicarious Menstruation — How long sick: 2 weeks

Immediate: Exhaustion 110 — ~~Accident, Suicide, Homicide~~

Reported by: J R Hunt M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full

Charles Andrew Jurgerson

Certificate of Death

Died at Town: Meadows County: Prince Ges MARYLAND

Date 189 8 Month: Oct Day: 27 Age: Y. 5 M. – D. –

Native of Md. ~~Occupation~~

~~Male~~ / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name Elisha Jurgerson

Mother's Name Victoria Richardson

Cause of Death — Primary: Diphtheria — ~~How long sick~~ 16 days

Immediate: Prostration 4 D

Accident, Suicide, Homicide

Reported by John E. Sansbury Forestville Md.

Address ——

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Ella Jr. Giddings

Town

Died at Brandywine County Prince Geo. MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 8 Oct	5	Age 29	10	14	Maryland	Housewife

~~Male~~ Female | White | ~~Colored~~ | Married | Single | Widow | Widower | ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Samuel Giddings

Father's Name

Mother's Name

Cause of Death: Primary — Consumption — How long sick 10 months

Immediate — Heart Failure — Accident, Suicide, Homicide

Reported by D. Hodges M.D. 2nd

Address Bowyer Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, R5065

Name in Full Chas C. Gordon

Certificate of Death

Died at Town Bladensburg County Prince Georges MARYLAND

Date 1898 Month Oct Day 26 Age Y. 62 M. — D. Native of Ohio Occupation Retired army Officer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife Sarah McKelden Gordon

Father's Name Dont Know Mother's Name Dont Know

38

Cause of Death Primary Cerebritis How long sick 3 weeks

Immediate Exhausted by 3 weeks illness ~~Accident, Suicide, Homicide~~

Reported by Dr Chas A Bell

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Daniel Hawkins.

Certificate of Death

Died at: Town: Collington County: Prince George MARYLAND

Date 1895 Month: Oct. Day: 31 Age: Y. 24 ~~M.~~ ~~D.~~ Native of: Md. Occupation: Farmer.

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: John Hawkins. Mother's Name: Hannah Hawkins

Cause of Death: Primary: Consumption v^a How long sick: 12 months

Immediate: Hemorrhage v ~~Accident, Suicide, Homicide~~

Reported by: Martin Fladung.

Address: Collington Prince George Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full | Certificate of Death

William Russell Hawkins

Died at Town: Branchville County: Prince George MARYLAND

Date 1898 Month: Oct Day: 4 | Age Y. M. D.: 10 | Native of: District Col. | Occupation: Child

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name: John R. Hawkins | Mother's Name: Ethel E. Hawkins

Cause of Death: Primary: Ulceration Colitis | Immediate: Peritonitis | How long sick: 15 days

93

Accident, Suicide, Homicide

Reported by: A. H. Lee, M.D.

Address: Berwyn Md

?

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Rachael P. Herndon

Died at Town Bettsville County Prince George's MARYLAND

Date 1898 Month Oct Day 20 Age Y. M. D. 6-9 Native of Ma Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name John M Herndon Mother's Name Grace L Hearn

Cause of Death Primary Cholera Infantum How long sick Two weeks

Immediate " " ~~Accident, Suicide, Homicide~~

Reported by C A Fox M D

Address Bettsville Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Certificate of Death

Daniel Humphrey

Died at Town Broad Creek County Pr. Geo. Co. MARYLAND

Date 189 8 Month 10th Day 6th Age Y. 19 M. about D. Native of Maryland Occupation Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name John Humphrey

Mother's Name [illegible]

Cause of Death: Primary — Punctured wound of foot — How long sick Six days

Immediate — Traumatic Tetanus — Accident, ~~Suicide, Homicide~~

5-0

Reported by E. P. Simpson M. D.

Address OXEN HILL, Pr. Geo. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Robt Martin Hurd

Certificate of Death

Died at Town Westphalia County P.G.Co MARYLAND

Date 1898 Month 10 Day 22 Age Y. 4 M. D. Native of Maryland Occupation

Male yrs White yrs Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Frank Hurd

Mother's Name Nellie Hurd

Cause of Death Primary Dentition, How long sick Four days

Immediate Convulsions 14 d Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Lorenstville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

Richard Johnson

Died at Town: Bladensburg County: Prince Geo Co MARYLAND

Date 189 Month: F. Day: 16 — Age. Y.: 19 M.: years D.: Native of Occupation

Male ~~Widow~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife Mau. Johnson

Father's Name — Mother's Name Mrs D. Johnson

Cause of Death { Primary: Consumption — How long sick

Immediate: 2 2 a — Accident, Suicide, Homicide

over

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Nov 14 Dec 6

Attending physician was Dr. × Richardson & Weller

of----------

Information contained in this certificate was

received from--J. Gasch Undertaker

of----Bladensburg Md.----------

Name in Full Mary Leonard.

Certificate of Death

Died at Town Laurel County Pr Geo MARYLAND

Date 1898 Month Oct. Day 20 Age Y. 74 M. — D. Native of N. York City Occupation H. W.

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

~~Husband~~ Wife of C. R. Leonard.

Father's Name

Mother's Name 141

Cause of Death: Primary Old age

Immediate Prostration

How long sick 10 weeks

Accident, Suicide, Homicide

Reported by J R Smith MD

Address Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68868

Name in Full

Henrietta Lewis

Certificate of Death

Town

Died at Rosaryville

County

Pr Co

MARYLAND

Date 189 8 Month Oct Day 30

Age Y. 69 M. D.

Native of Md

Occupation Housework

~~Male~~ Female

~~White~~ Colored

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 4

Husband of Wife

Father's Name Washington Jackson

Mother's Name Betsy Jackson

Cause of Death

Primary Chronic Mucous Gastritis 81

How long sick 7 weeks

Immediate Marasmus

~~Accident, Suicide, Homicide~~

Reported by W H Gibbons M D.

Address Leonardtown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55988

Name in Full

Certificate of Death

Robert Martin

Died at Town: Westphalia County: Pr. George MARYLAND

Date 189 8 Month: 10 Day: 22 | Age Y.: 4 M.: 10 D.: | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Francis P. Martin

Mother's Name Nellie Hurd

Cause of Death: Primary

Immediate

How long sick

161

Accident, Suicide, Homicide

Reported by Pr. George's Enquirer 10-28

Address Upper Marlborough

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Geo. W Merson

Died at — Town: Laurel — County: Prince Georges [redacted] — MARYLAND

Date 1898 — Month: Oct — Day: 30 — Age: Y. 33 M. 2 D. — Native of: Anne Arundel — Occupation: Laborer

~~Male~~ ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living 3

Husband ~~Wife~~ of Annie Merson

Father's Name: Jas. Merson — Mother's Name: Julia Merson

Cause of Death — Primary: Pleuro-Pneumona 71 — How long sick: Ten days

Immediate: Heart-failure — Accident, Suicide, Homicide

Reported by: W. T. Taylor M.D.

Address: Laurel Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Lillie Munson

Certificate of Death

Died at Town Accokeek County P. G. Co MARYLAND

Date 1898 Month Oct. Day 22 Age Y. 24? M. D. Native of Md. Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Henry Munson

Father's Name Harry Den & Mother's Name

Cause of Death Primary Typhoid Fever How long sick 3 weeks

Immediate ~~Accident, Suicide, Homicide~~

Reported by M. C. Fowler M.D.

Address Accokeek P. G. Co.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEBRU

Name in Full Jennie C. Nelson, Certificate of Death

Died at Town Oden Hill County Pr. George's MARYLAND

Date 189 8 Month 10 - Day 1 Age Y. 49 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living

~~Husband~~ Wife of C. C. Nelson

Father's Name Mother's Name 25 E

Cause of Death Primary Cancer of breast How long sick

Immediate Accident, Suicide, Homicide

Reported by Marlboro Gazette

Address 10-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full | Certificate of Death

Maud Ettavia Prather Prather

Died at Town Centreville, County Prince Geo, Co MARYLAND

Date 1898 Month Oct Day 3d | Age Y. M. D. | Native of Md | Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Tom, Prather | Mother's Name Gus Lemmitten

Cause of Death: Primary Filth Diphtheria { I think about 3 days | How long sick

Immediate Suffocation } 8a | Accident, Suicide, Homicide

Reported by John L. Waring

Address Clinton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79708

Name in Full

Certificate of Death

Elvina Rice

Died at Town Oak Crest, County Prince Georges MARYLAND

Date 1898 Month October Day 30 | Age Y. 55 M. - D. - | Native of Carlisle Pa | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Divorced~~

Number of children living 2

~~Husband~~ Wife of W. D. Rice

Father's Name Daniel Keck | Mother's Name Sallie Keck

Cause of Death: Primary Apoplexy 42 | How long sick 2 hours

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by T. Watts Bayly, M. D.

Address Laurel, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55963

Name in Full

Certificate of Death

Geo. W. Richardson

Died at Town Centreville County P. G. Co MARYLAND

Date 1898 Month Oct. Day 4th Age Y. 5 M. 7 D. 7 Native of Md Occupation House

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name G. W. Richardson Mother's Name Jennie Richardson

Cause of Death { Primary Diptheria 8 da How long sick 10 days

Immediate Hemorrhage from throat Accident, Suicide, Homicide

Reported by John L. Waring.

Address Chinlore Prince Geo. Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, B5958

Name in Full Norman Grant Sansbury

Certificate of Death

Died at Town Forestville County Prince Geo MARYLAND

Date 189 8 Month Oct Day 27 Age Y. 3 M. 2 D. — Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

~~Father's~~ Name Edward W Sansbury Mother's Name Kate May Sansbury

Cause of Death Primary Membranous or Diphtheritic Croup How long sick 24 hrs

Immediate Strangulation ~~Accident, Suicide, Homicide~~

Reported by John E Sansbury 8K

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

Charles Edward Smith

Died at — Town: T.B. — County: Prince Georges — MARYLAND

Date 1898 — Month: Oct — Day: 3 — Age: Y. 26 M. D. — Native of: Maryland — Occupation: Driver

Male — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband ~~Wife~~ of Lousa Moore

Father's Name: William Smith — Mother's Name: Johnann Ducket Smith

Cause of Death — Primary: Pulmonary Phthisis — How long sick: 12 months

Immediate: Asthenia — ~~Accident, Suicide, Homicide~~

Reported by: John A Coe M.D.

Address: T.B. Prince Geo Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Joseph E Soper

Certificate of Death

Died at Town Cheltenham County Pgc 8 MARYLAND

Date 1898 Month Oct Day 31 Age Y. 36 M. D. Native of Md Occupation Carpenter

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Nathaniel Soper Mother's Name A P Soper

Cause of Death Primary Brights Disease How long sick 1 1/2 years

Immediate Exhaustion 97 ~~Accident, Suicide, Homicide~~

Reported by Dr W. H. Gibbons

Address Croom Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Edwin Tavenner

Certificate of Death

Died at Town Laurel County Prince Georges MARYLAND

Date 189 8 Month Oct Day 4 Age Y. 10 M. D. Native of Md ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

~~Husband~~ Wife of

Father's Name Chas. B Tavenner Mother's Name Ella Tavenner

Cause of Death: Primary Enteric Colitis How long sick 14 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by C.T. Taylor M.D.

Address Laurel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

John William Turner

Died at Town: Woodville — County: Pr. Geo's — MARYLAND

Date 189 8 — Month 10 — Day 8 — Age Y. 56 M. D. — Native of — Occupation

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~

Number of children living 3

Husband of Wife Emma Mc Knee Turner

Father's Name Chas. Edwin Turner — Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Marlboro' Gazette

Address Office Marlboro' 10-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Martha Tyson

Certificate of Death

Died ~~at~~ Town near Laurel County Prince George's MARYLAND

Date 189 Month Oct Day | Age Y. 76 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name William Tyson | Mother's Name

Cause of Death: Primary 1601 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Balto. Co. Democrat 10-1

Address Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Jane West

Died at — Town: Marlboro — County: Prince Geo — MARYLAND

Date 1898 — Month: Oct. — Day: 22 — Age: Y. 83 M. — D. — Native of: Md — Occupation: Cook

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~ — Number of children living 7

~~Husband~~ Wife of Barney West

Father's Name — Mother's Name —

Cause of Death — Primary: Paralysis 44 — How long sick: 3 yrs.

Immediate — Accident, Suicide, Homicide

Reported by Scott & Armstrong - Undertakers

Address Forestville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88888

Name in Full

Certificate of Death

Margaret Jannette Wyvill

Died at near Town Mt Vur Marlboro County Pr. Ginge's MARYLAND

Date 189 8 Month 10 Day 8 | Age Y. 10 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name Michael J. Wyvill Mother's Name Gertrude V. Wyvill

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Marlboro Gazette

Address 10-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968